

Jennifer

I'm not sure there's much point in discussing the ongoing abuse of persons with sensitivities in health care, but here are some observations:

1. Persons with sensitivities have always been with us.
2. Sensitivities often affect the central nervous system. The 1985 Ontario Report of the Ad Hoc Advisory Committee on Environmental Hypersensitivity Disorders (note plural) found that sensitivities usually affect the central nervous system.
3. Central nervous system effects of sensitivities are often called “psychiatric sequelae of environmental sensitivities”.
4. Environmental sensitivities are not a specific disease but symptoms that can be caused by a compendium of disorders. It is not necessary to identify the precise disease to recognize consequent disability.
5. These disorders sometimes involved the immune system, sometimes the endocrine system, often are inexplicable.
6. They are not new to medicine. In 1870 they were known as “idiosyncracies”. Before that, they were known as “antipathies”.
7. The requirement that a person’s sensitivities need to be validated by a physician is a form of reverse onus. People who are aware of their sensitivities should not be subjected to such arbitrary interference. Some of the arguments on this have been put forward by other members of the cross disability movement, when calling for the demedicalization of disability.
8. Despite much posturing, sensitivities are not new to officialdom, including civil health authorities. Only the ideas and practices of so-called ‘doctors of environmental medicine’ are new, and some of their practices are irresponsible and unethical.
  1. They sell medicines they prescribe.
  2. They use diagnostic methods of proven inaccuracy.
  3. They tell their patient that anyone who criticizes the approaches of environmental medicine is saying that the patient is imagining their symptoms, or mentally ill.
9. Contrary to the assertions of various parties, there is and always has been approved, publicly insured methods of diagnosis.
10. Some avoidance treatments (modification of homes, air filtration, etc) have qualified for medical tax deductions since 1988.
11. In 1990, Canada’s health minister (Perrin Beatty) clearly stated that “The author’s general conclusion that the search for environmental causes in a patient should precede psychiatric workup is fully supported by department officials. Health Canada distributed educational materials and organized a conference to encourage psychiatrists to screen patients for sensitivities and to protect such patients from being caused preventable harm. This work occurred largely because of the intervention of Dr. Bruce Halliday, MP, a former Family Physician of the Year and Chair of the Parliamentary health and, subsequently, human rights committees.
12. After 1992, Health Canada’s file manager on the issue retired. In 1993, the supportive cabinet ministers (Red Tories) were not reelected. The acknowledgements and practices previously recommended by Health Canada were dropped. Politicians at all levels of government reverted to fudging the issues, obscuring protection issues behind the legitimate but separate debate about the ideas and practices of ‘doctors of environmental medicine’.
13. By 1995, Health Canada and other federal departments were disappearing the fact that any such recommendations had been made.
14. The people who were supposed to be protected were (and are) left vulnerable to being caused preventable harm by acts of commission in health care delivery and in the delivery of other services to government clients at all levels of government.

15. This constitutes criminal negligence as officials know they are causing preventable harm, they know how to prevent it, and they are ignoring their responsibilities, sometimes lying about that fact.
16. The people affected are affected precisely because they are not being identified. They do not know, themselves, who they are.
17. The main obstacle to implementing due diligence practices is the fact that gatekeepers, including important politicians in all three traditional federal parties, have made decisions that have sustained this abuse, much as they did about the need to heat treat blood products prior to the inquiry about the contemporaneous blood scandal. These politicians have not been held to account by agencies of remedy.
18. In the late 1990s, one researcher, before giving up on the issue, described the impasse resulting from liability as follows: "An important point is the fear of liability (at the legal and moral level) which perpetrates attitudes and actions. The protective psychological mechanism that comes into action when one knows deeply other people have been harmed, because of their negligence, or because they have been hiding behind the presumed lack of science, because they have minimized, belittled the issues, this mechanism which hides behind denial, camouflage, or aggression needs to be uncovered. Consequences need to be brought to the conscious level, for healing to take place, and prevention to take its role. Now people at governmental, industrial and academic level hide behind the oppressive properties of fear, fear of acknowledging what has happened." - Michel Joffres, PhD, M.D., Dalhousie University.
19. A series of cabinet ministers and some leaders in medical organizations have turned a blind eye on abuse by people for whom they are responsible, have disappeared knowledge involving due diligence.
20. It is hard to have a sensible discussion. People at all levels of government adopt abusive responses, including ad hominem defenses that have driven many advocates away from the issue.
21. Doctors of environmental medicine continue to place acceptance of their ideas ahead of the human rights of their patients.
22. Third parties are willing to turn a blind eye.
23. As a result of the moral failure of so many powerful people, I am not hopeful that the abuse of patients or other clients whose psychosocial problems result from psychiatric sequelae of environmental sensitivities will be ended any time soon. I laughed out loud when I read your statement that it takes 10-15 years to move research into health care delivery. It's more like a century.
24. I did promise myself, in 1985 or so, that even if we could not end the ongoing horrific abuse, "They will not be able to say 'I did not know'". I am uploading documentation of the above to archive.org, at

<https://archive.org/details/advocacy-gateway-environmental-sensitivities>

Thank you for your interest.

Chris Brown  
808-1435 Prince of Wales  
Ottawa, ON K2C 1N5